



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Diesman		Jennifer		948-5459
MAILING ADDRESS (Street)				FAX
P.O. Box 860				948-6860
(City)		(State)	(Zip Code)	
Honolulu		HI	96808	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Medical Service Association			948-5459
MAILING ADDRESS (Street)			FAX
P.O. Box 860			948-6860
(City)		(State)	(Zip Code)
Honolulu		HI	96808
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Michael Gold			948-5498
MAILING ADDRESS (Street)			FAX
P.O. Box 860			
(City)		(State)	(Zip Code)
Honolulu		HI	96808

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/8/07

(Date)

PART V AUTHORIZATION TO LOBBY

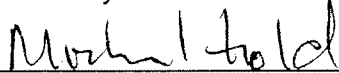
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Michael Gold	Executive Vice President, Chief Operating Officer

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Medical Service Association	948-5498

MAILING ADDRESS (Street)	FAX
P.O. Box 860	

(City)	(State)	(Zip Code)
Honolulu	HI	96808

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/12/07

(Date)